Great Expectations: A study to compare and contrast the expectations of radiotherapy students with those of nursing students at the University of Liverpool.

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INTRODUCTION

- BSc(Hons) Radiotherapy
- 3 year pre-registration vocational programme
- Blocks of clinical placement in between academic study
- Entry criteria BBB at A level
- Leads to registration with the Health and Care Professions Council (HCPC)
- Clinical role of Band 5 therapeutic radiographer

- Bachelor of Nursing (Hons)
- 3 year pre-registration vocational programme
- 50% theory 50% clinical placement
- Entry criteria: BBB at A level
- Leads to registration with the Nursing and Midwifery Council (NMC)
- Clinical role of band 5 registered nurse.
BACKGROUND

- Attrition rates for radiotherapy programmes have been historically higher than other healthcare programmes.
  > For 2010/2011 it was 36.5% (Jewell, 2012).

- Nursing programmes historically have had attrition rates as low as 1.6% (Clover, 2011).
  > However, in 2014 the attrition rate across the UK was close to 20% (Merrifield, 2015).

- Attrition rates for healthcare programmes coming under the microscope (Bowden, 2008; College of Radiographers, 2012; Beardmore, 2013).

- Attrition can impact upon both workforce planning and ultimately patient care (Hamshire et al., 2012).
LITERATURE REVIEW

The literature identified that individual expectations, can have a profound impact upon students’ perceptions of their learning experiences and ultimate decision to continue or leave.

METHOD: STAGE 1

- Ethical approval by IPHS Research Ethics Committee prior to study commencing.
- Design of 1st **prospective** questionnaire.
  - Included three key areas:
    - Academic expectations
    - Clinical expectations
    - Practical expectations
- Timing - week one, semester one of year 1.
METHOD: STAGE 2

- Same cohort of students
- Design of 2nd retrospective questionnaire:
  - Same three key areas:
    - Academic expectations
    - Clinical expectations
    - Practical expectations
- Timing - week one, semester one of year 2.
THEMATIC ANALYSIS

Miles and Huberman (1994) analysis tool used

> This approach consists of three procedures which are data reduction, data display and conclusion drawing.

• Initial data reviewed independently.

• Independent findings compared.

• Key emergent themes identified.

• Emergent comparable and contrasting themes highlighted.
STAGE 1 COMPARABLE EMERGENT THEMES

**Support**
- Approachability of staff
- Importance of the role of mentor/educator
- Preparation for practice
- Academic support

**Communication**
- Interacting with patients
- Understandable feedback from staff and mentors/educators
- Terminology-use of jargon

**Confidence**
- Clinical skills
- Use of equipment
- Hands on care
- Time management/shift work
STAGE 1: EXAMPLES OF COMMENTS

Support
- 'Support from my mentor…including emotional support as well'
- 'All the help and support they can give as I will be scared and nervous."

Communication
- 'Be able to communicate with service users'
- 'To be able to ask them[clinical staff] any questions I have about placement. Ask them for advice'.

Confidence
- 'I want to be more confident in my clinical skills'
- 'More confidence to do the activities without feeling worried if I do it wrong.'
STAGE 1: CONTRASTING EXPECTATIONS

Radiotherapy:

- Many felt their role was largely to observe.
- Gaining insight before taking a more active role.

  "To have a largely observing role with increasing amount of involvement as the year progresses".

Nursing:

- Caring for a person who is dying or has died emerged as a concern.
- Caring for patients needing end of life care.

  "Dealing with patients who are dying or have died".
STAGE 2

- Second questionnaire – retrospective
- Timing- week one of semester 1, year 2.
- Same cohort
- Compare the data from both questionnaires.

- As Crombie et al., (2013) noted experiences in clinical practice have the greatest influence on students’ desire to stay on a programme.
STAGE 2: COMPARABLE EMERGENT THEMES

**Support**
- Supportive staff
- Mentor/educator generally very supportive
- They felt prepared for practice
- Academic support vital

**Communication**
- Increased confidence in interacting with patients
- Feedback from staff and mentors/educators constructive

**Confidence**
- Greater confidence in clinical skills
- Use of equipment
- Hands on care
- Time management/shift work
- Greater awareness of career pathway
STAGE 2: EXAMPLES OF COMMENTS

**Support**
- “Very good emotional support”
- “Great support. Some new radiographers I met were very helpful and treated you like part of the team. Stood back and let students learn.”

**Communication**
- “I feel I can communicate better with service users”
- [Most enjoyable aspect of placement] “Talking to patients and building a rapport”.

**Confidence**
- “Being comfortable within the ward setting”
- “To develop further to carry out more roles and gaining confidence along the way.”
STAGE 2: CONTRASTING EXPECTATIONS

Radiotherapy:

[Practical skills still required] “To apply the technical knowledge learnt at the university.”

“Adapting to differences between satellite centres and main site.”

Nursing:

“The time it took to travel there and back to placement was more than I expected”

“Having more time off during placement”
LIMITATIONS

• Hawthorne effect - students may have felt unable to give frank answers.

• Researcher bias during data analysis.
  (To address this we would use others to analyse data in the future.)

• Question interpretation.
  (Several students did misunderstand questions.)

• Pilot of questionnaire to address this.
WHAT HAVE WE LEARNT?

• Therapeutic Radiography
  • Career expectations - some unrealistic?
  • Increase in student support expected both clinically and academically.

• Nursing:
  • Increased Academic Advisor support meetings both in university and clinically
  • Increase in content on death and dying in year 1.
CONCLUSION

Expectations were high but generally realised.

- **Academic support** – invaluable need to maintain the high level of support.

- **Clinical support** – essential to support student development and continuing engagement with the programme.
• Radiotherapy 2016/17: cohort of 30 attrition rate 0%.
• Compared to 2014/15 cohort of 28, 3 have left (11%).

• Nursing retention 2016/17: cohort of 60 students 4 have left (6.7%).
• Compared to 2014/15 cohort which had an attrition rate of 33%. 
Any questions?
References


• Hamshire, C; Willgoss, TG; Wibberley, C. (2011) ‘The placement was probably the tipping point’. The narratives of recently discontinued students. *Nurse Education in Practice*, 12, 182-186.

References


• Orton, S. (2011) Re-thinking attrition in student nurses
References


